Santa and a		Ilture and Consumer Services <i>r</i> ices, Bureau of Compliance	Remit Non-Refundable Application Fee Online at: www.FDACS.gov
WILTON SIMPSON COMMISSIONER	Section 526.51	IRATION APPLICATION I, Florida Statutes Ia Administrative Code	Check or Money Order payable to FDACS and remit to: FDACS
	Permit Period: 12 mont	(850) 410-3804 Fax ths (\$50) 24 months (\$100) application postmarked after the expiration date	P.O. Box 6700 Tallahassee, FL 32314-6700
Brand Name			
	State		
	Email		
Name and Addre	ess of owner of above Brand Name:		
		Applicant is owner of braining the second seco	and name
		Applicant is not owner o	of brand name*
Resident Agent i	n Florida:		
Resident Agenti		(Name and Address)	
affected brand name statement from the o Check one: Applicant ha	wit from owner permitting applicant to r s, the owner's company or corporate name and wher authorizing the applicant to register the pro- s complete control over this brand/form fidavit confirms owner has complete co	address, the applicant's company or corporate of oduct with the Florida Department of Agriculture nula sold in Florida.	name and address, and a and Consumer Services.)
Check one:			
_	et Time Registration Application. (See Normalized Normalized Sector Normalized Norm		
_	newal Registration Application. <i>(Please a been no</i> ave been no changes to the label.	attach a set of labels, front and back. Check the changes to the original label filed with the depa	box below if there have have ()
NOTE: Please atta submission of this for requirements.	ach a certified report from an independent t application, for all brand/formula combinati	ions and a set of labels, front and back. So	
-			
	(Signature)	(Please print name))
(Title) (Date)			
F & A Use Only		Org Code: 42 10 06 25 000 EO: A2 Object Code : Object Code: 001020 Object Code: 012019	\$ 50.00 \$100.00 \$ 25.00